

FROM :

FAX NO. : 4104664510

Jan. 09 2007 09:42PM P1

NO-Individual Practice Association, Inc.
HEALTH PLAN

If you have any questions please contact the
Member Services Department at:
(301) 560-8000 or 1-800-251-0916

Explanation of Benefits (EOB)

*** THIS IS NOT A BILL ***

Member Number:
Member Name:

Page 2

Reference Number	Event Number	Provider Number	Provider Name	Period of Service From	To	Service Provided	Requested Charges	Allowable Charges	Plan Obligation	Per Dr. Savings	Member Obligation	Out-of-Pocket	EOB Code
000022000744	530082	0141250	Auxiliary Care Management	03-01-06	03-31-06	DIAGNOSTIC AND THERAPY, MISC.	\$2200.00	\$2200.00	\$1100.00	\$0.00	\$1100.00	\$0.00	11 ADM 166 839 165
000022000744	530082	0141250	Auxiliary Care Management	03-01-06	03-31-06	DIAGNOSTIC AND THERAPY, MISC.	\$2200.00	\$0.00	\$0.00	\$2200.00	\$0.00	\$0.00	
Totals:							\$4400.00	\$2200.00	\$1100.00	\$2200.00	\$1100.00	\$0.00	

Total obligation is the sum of member obligation and deductible co-payments.

Your total obligation to Auxiliary Care Management, Inc. is \$1100.00.

If you have other insurance coverage in addition to this Plan's coverage, and you need an explanation of the Plan's benefit determination for submission to your other insurance coverage, please call the above telephone number.

PLEASE SEE REVERSE SIDE FOR THE EXPLANATION CODES.

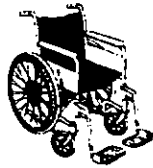
Plan PA 81100 - 50% of Claim

CK 530082 dtd 5/24/06

E0005

(Ratting, 1/9/03)

~~MOST IMP~~



WEINER'S
HOME HEALTH CARE CENTER

3635 OLD COURT ROAD, PIKESVILLE, MD 21208



Phillip Paul Weiner, Pharm. D
Consultant Pharmacist

Phone: (410) 653-1434
Fax: (410) 486-7300

February 3, 2009

OPM/OIG FRAUD HOT LINE
ATTN: JOE FRECK
1900 E STREET N.W.
SUITE 6400
WASHINGTON, DC 20415-1100

FAX 202-606-0127
PHONE 202-418-3300 -3

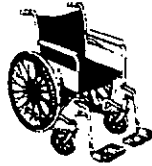
DEAR MR. FRECK:

PRIMARILY ENCLOSED IS THE INFORMATION ON THE SINGLE CASE INVOLVING THE ONLY KNOWN FEDERAL PATIENT THAT I KNOW OF AT THIS TIME. I AM ALSO ENCLOSING OTHER REDACTED INFORMATION ON THE OTHER PATIENTS THAT I KNOW FOR SURE WERE OVER CHARGED BY THE INSURANCE COMPANY.

ON MARCH 1, 2006 THE PATIENT RECEIVED EQUIPMENT FROM MY OFFICE TO ALLOW HER TO REMAIN FACE DOWN AFTER SURGERY ON HER EYE THAT ALSO REQUIRED A GAS BUBBLE TO BE PLACED IN THE EYE UNTIL THE BODY COULD REPLACE A SUBSTANCE KNOWN AS VITREOUS HUMOR. WE HAD ALREADY RECEIVED AUTHORIZATION FROM M.D.IPA FOR THE EQUIPMENT (**SEE CIRCLE A**).

THE ORIGINAL CLAIM SENT TO M.D. IPA DATED 03/01/2006. IT WAS REJECTED BY M.D. IPA STATING THAT MY OFFICE HAD TO SEND THE CLAIM TO ANCILLARY CARE MANAGEMENT. (ACM) (**SEE CIRCLE B**) THE CLAIM WAS THEN SENT TO ACM AS REQUESTED.

AFTER A FEW MORE DENIALS, MY OFFICE FINALLY RECEIVED AN EXPLANATION OF BENEFITS (EOB) DATED 07/26/06 STATING THAT OF THE \$1250.00 BILLED, \$1200.00 WAS ACCEPTED, \$1100.00 WAS FOR THE COPAY AND I WAS PAID \$100.00 (**SEE CIRCLE C**).



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JOE FLECK P.2

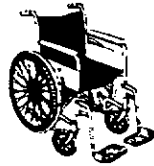
BELIEVING THIS TO BE AN ERROR, I APPEALED AND REAPPEALED RESULTING IN ACM TAKING BACK THE \$100.00 PAID TO ME AND CHARGING THE ENTIRE \$1100.00 TO THE PATIENT ON 11/12/2006 **(SEE CIRCLE D)**. ALSO SEE LETTER FROM EMILY HEPPNER STATING THAT THE CLAIM "DID" (EMPHASIS) PAY CORRECTLY. (SEE CIRCLE E) IN EARLY JANUARY 2007, I TRIED AGAIN TO CONTACT ACM BY PHONE, ONLY TO BE DENIED SPEAKING TO A SUPERVISOR. I TOLD THE YOUNG LADY WHO TRIED TO HELP ME THAT I WOULD CONTACT UNITED HEALTHCARE'S FRAUD UNIT IF I COULD NOT OBTAIN A REASONABLE EXPLANATION OF THE \$1100.00 CHARGE.

I TRIED CONTACTING UNITED HEALTHCARE (UHC) BY PHONE WITHOUT SUCCESS. I THEN TRIED THE INTERNET AND WAS ABLE TO E-MAIL THEIR FRAUD UNIT. **(SEE CIRCLE F)**

I CANNOT FIND DOCUMENTATION, BUT I DID RECEIVE A TELEPHONE CALL FROM THE FRAUD UNIT ON THE MORNING OF 11/12/2008 BASICALLY STATING THAT THE CHARGES, ETC. WERE ACCURATE.

I PURSUED THIS PROBLEM TO THE ATTORNEY GENERAL OF THE STATE OF MARYLAND (AG) IN A LETTER DATED JANUARY 18, 2008. OVER THE NEXT 8 MONTHS, I HAD AT LEAST 18 CONTACTS OR TRIED TO HAVE CONTACT WITH MS. ADRIAN REDD OF THAT OFFICE, WHO TRIED TO BE HELPFUL, WITHOUT SUCCESS.

I FINALLY WAS ABLE TO BE TOLD THAT IT WAS NOT THEIR CASE TO LOOK INTO AND THAT I SHOULD GO TO THE MARYLAND INSURANCE ADMINISTRATION. I WAS ADVISED ON JULY 28, 2008 THAT THE AG'S OFFICE WOULD SEND THE INFORMATION I HAD SENT THEM TO THE MIA. I ALSO CONTACTED THE FTC WHO TOOK MY INFORMATION AND ADVISED ME THAT UNLESS THEY RECEIVED MORE COMPLAINTS, THEY WOULD NOT ACT ON IT. (FTC REFERENCE #13526978). **(SEE CIRCLE G)**



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JOE FLECK P.3

THE INVESTIGATOR, MS. SHARON E. MOORE AND HER IMMEDIATE SUPERVISOR, IN MY OPINION, HAD ABSOLUTELY NO COMPREHENSION OF THE PROBLEM. THEIR MANTRA WAS THAT IT WAS A CONTRACT PROBLEM THAT THE MIA HAD NO JURISDICTION OVER. I TRIED OVER AND OVER AGAIN TO UNDERSTAND WHAT WAS GOING ON. BUT ALAS, NO LUCK. (SEE **CIRCLE H**).

I BELIEVE THE CRUX OF THE ISSUE IS IN UHC AND ACM'S OWN WORDS AS STATED IN (**SEE CIRCLE I**). IT CERTAINLY LOOKS LIKE WHAT WE TALKED ABOUT YESTERDAY. I.E. UPCHARGING.

I HAVE HAD PATIENTS FROM MARYLAND, VIRGINIA AND DELEWARE WHO HAVE HAD THE SAME TYPE OF OVERCHARGE LEVIED AGAINST THEM.. IT SEEMS TO ME THAT IF YOU FIND THAT MY COMPLAINT IS JUSTIFIED, A MULTI JURISDICTIONAL SUIT SHOULD BEGIN.

PATIENT #2 – I BILLED \$49.56 ACM WAS PAID \$143.42 (**SEE CIRCLE J**)
PATIENT #3 – I BILLED \$250.00 PATIENT COPAY \$237.15 (**SEE CIRCLE K**)
THIS IS SIMILAR TO THE MAIN PATIENT UNREASONABLE
COPAY AMOUNT.

PATIENT #4 – I BILLED \$99.12 ACM WAS PAID \$225.70 (**SEE CIRCLE L**)
PATIENT #5 – I BILLED \$500.00 ACM BILLED UHC \$1320.00 WITH A PATIENT
RESPONSIBILITY OF \$500.00 – THIS WAS THE SAME ITEM OF
THAT WITH THE MAIN PATIENT IN THE BEGINNING
(**SEE CIRCLES M AND N**)

IF YOU NEED FURTHER EXPLANATION, I AM AVAILABLE BY PHONE. IF
YOU NEED A FACE TO FACE, I AM AVAILABLE TO MEET IN WASHINGTON
OR BALTIMORE.

SINCERELY,

PHILLIP PAUL WEINER, PHARM.D.

From: Young, Jimmy <Jimmy.Young@opm.gov>
To: ppweiner@aol.com
Subject: FW: United Healthcare (Dr. Weiner Fraud Issue)
Date: Wed, Jul 1, 2009 3:09 pm

Good afternoon, Dr. Weiner. I wanted to provide you with the name and contact information of the individual at OPM whom I would suggest that you direct your concerns to in writing:

Mr. Ed DeHarde
Group Chief
Health Insurance Group III
U.S. Office of Personnel Management
1900 E Street, N.W.
Washington, D.C. 20415

I am attaching the emails between myself and the Insurance Service Program (ISP) at OPM, so that you can respond (in your letter to Mr. DeHarde) to ISP's response.

Of course, I cannot guarantee that Mr. DeHarde will agree with your assessment of the situation. However, I believe that his office can appropriately respond to the matter. If after reading your correspondence Mr. DeHarde decides to forward your complaint to the OIG, I will be more than happy to look further into the matter.

Thanks, and have a great holiday.

Jimmy Young
Special Agent
U.S. Office of Personnel Management
Office of Inspector General
Baltimore Resident Agency
202-409-2235

-----Original Message-----

From: Rheinhardt, Ronald A
Sent: Monday, June 22, 2009 5:29 PM
To: Young, Jimmy
Cc: Frech, Joseph S
Subject: RE: United Healthcare (Dr. Weiner Fraud Issue)

Good afternoon Jimmy,

I understand Dr. Weiner's concern and we have had discussions with UHC regarding their provider relations. However, there is no indication that any Federal members have been harmed or have been balanced billed based on the information provided. The disagreement appears to be with Dr. Weiner and his contractual arrangement with ACM and the contractual arrangement ACM has struck with UHC. We do not get in the middle of negotiated provider contracts.

UHC as far as my knowledge did not own ACM but subcontracted with them because of their provider network. I am not questioning whether or not Dr. Weiner's issue has some validity; I am simply stating that it is not an issue that I nor the contracting officer is willing to pursue because it is outside our parameters.

Ron Rheinhardt
Contract Specialist
Insurance Service Programs
Division III

-----Original Message-----

From: Young, Jimmy
Sent: Monday, June 22, 2009 4:13 PM

To: Rheinhardt, Ronald A
Cc: Frech, Joseph S
Subject: United Healthcare (Dr. Weiner Fraud Issue)

Good afternoon, Mr. Reinhardt. I am the Agent that spoke with Dr. Phillip Weiner regarding the issues he was having with United Health Care and ACM. In fact, his complaint was not about how much he was being reimbursed, but what UHC and ACM are charging patients. I believe (and correct me if I'm wrong) that UHC actually owns ACM, so it seems like the "left hand" may be paying the "right hand".

Anyway, I spoke with Dr. Weiner and shared ISP's response with him; he was not satisfied. He indicated that there are issues that need to be brought to OPM's attention. I would like to provide you with his contact information, so that you can speak with him directly. In fact, he has offered to come to OPM and meet with ISP to discuss the matter. Hopefully, a phone conversation will suffice.

Dr. Weiner's telephone number is 410-486-7609, and his email address is ppweiner@aol.com. I've had the opportunity to meet with Dr. Weiner. He is a respectable gentleman, intelligent and pleasant to deal with. He's been in business since 1963. Based on my conversations with him, there is serious legitimacy with his complaint; I just do not have the institutional knowledge to resolve it.

Please let me know if/when you decide to reach out to him to help resolve this issue. Thank you.

Jimmy Young
Special Agent
U.S. Office of Personnel Management
Office of Inspector General
Baltimore Resident Agency
202-409-2235

-----Original Message-----

From: Rheinhardt, Ronald A
Sent: Tuesday, April 14, 2009 11:58 AM
To: Frech, Joseph S
Cc: Stuart, William T
Subject: United Healthcare (Dr. Weiner Fraud Issue)

Good morning Joseph,

We have concluded our investigation of the alleged fraud case brought to OPM's attention by Dr. Philip Weiner. In our review and research of the documentation provided to Insurance Service Programs by your office, we could not conclusively determine whether federal members have been harmed by the relationship of United Healthcare (UHC) and their subcontractor Ancillary Care Management (ACM). The majority of cases cited in Mr. Weiner's documentation were for commercial contracts not associated with the FEHBP. Not knowing the benefit structure of these contracts, we were unable to determine if the members were harmed by the professional arrangements of UHC and ACM.

However, we did press the issue with UHC to give us an account of the arrangement between the two parties. Below is a summary of what was expressed to us:

"United Healthcare had a contract with ACM for, among other things, network home health services. United Healthcare did not have a contract with Dr. Weiner directly and Dr. Weiner participated in United Healthcare's network through its relationship with ACM. United Healthcare adjudicated and paid the claims in question in accordance with each customer's applicable benefit plan and its contract with ACM. ACM was then responsible to pay its subcontracted providers based on United Healthcare's adjudication in accordance with its contracts with such providers.

Any variance between the amounts paid by United Healthcare to ACM and by ACM to its subcontracted

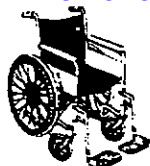
Handwritten notes:
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providers, including Dr. Weiner is accounted for by the difference in fee schedules between the United Healthcare/ACM contract and the contract between Weiner and ACM. . Any United Healthcare member responsibility is accurately reflected on the EOB provided by United Healthcare to ACM. Since United Healthcare adjudicates the claim based on member benefits, the information for member responsibility provided by ACM to its subcontracted provider should reflect the adjudicated amount reported to ACM by United Healthcare."

Based on my review, it appears that this case is more of a provider relationship problem with ACM and UHC. The provider feels that they are not getting the fair share of the payment because of the negotiated fee schedules or arrangement that ACM and UHC agreed upon. It appears the amount UHC allows is much higher than ACM but ACM holds their providers to their fee schedule amount. This has led to the provider's dissatisfaction with the arrangements. Since it is a provider contract issue, there should be little involvement from Insurance Service Programs. However, we have requested that UHC provide more transparency in their subcontracted relationships.

If you have any questions, please feel free to contact me.

Ron Rheinhardt X4084
Contract Specialist
Insurance Service Programs
Division III



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Phillip Paul Weiner, Pharm. D
Consultant Pharmacist



Phone: (410) 653-1434
Fax: (410) 486-7300

December 7, 2009

274354 DEC 7, 2009 ALL CURR USD 1 OF 1
SERVICE GND COM ACT WT 1.0 LBS
TRACKING# 122743540345422878
REF 1:
REF 2:

HONORABLE SENATOR BENJAMIN L. C
100 SOUTH CHARLES STREET
TOWER ONE, SUITE 1710
BALTIMORE, MD 21201
ATTN: MICHELLE MOGHIS

HANDLING CHARGE 0.00		
SINGLE-PIECE PUB RATE CHRG:		SVC 4.75 USD
DV 0.00	COD 0.00	RS 0.00
DC 0.00	DGD 0.00	SD 0.00
AH 0.00	PR 0.00	SP 0.00
TOT PUB CHG 4.75		PUB+HANDLING 4.75

RE: SUSPECTED FRAUD AGAINST THE CITIZENS OF MD, VA, DE, AND DC.

DEAR SENATOR CARDIN:

I THANK YOU AND YOUR OFFICE FOR TAKING THE TIME TO HEAR AND READ ABOUT WHAT I PERCEIVE WAS AN INJUSTICE TO MANY CLIENTS OF UNITED HEALTHCARE IN THE MID ATLANTIC STATES.

AS MY ENCLOSED DOCUMENTATION WILL SHOW, I HAVE PERSUED THIS THROUGH THE ATTORNEY GENERAL'S OFFICE OF THE STATE OF MARYLAND, THE MARYLAND INSURANCE ADMINISTRATION, AND THE OFFICE OF THE INSPECTOR GENERAL/OFFICE OF PERSONELL MANAGEMENT OF THE UNITED STATES. ALL, TO NO AVAIL.

I CANNOT, WILL NOT, BELIEVE THAT AN INSURANCE COMPANY CAN TAKE WHAT I BILL, ADD TO THAT BILL ALMOST DOUBLE THE AMOUNT, BILL THE PATIENT'S COPAY AT THE INCREASED LEVEL AND CHARGE THE EMPLOYER THE REMAINDER. YOU WILL SEE THE DOCUMENTATION ENCLOSED SHOWS ONE SUCH CASE WHERE MY OFFICE BILLED \$1250.00 OF WHICH \$1200.00 WAS ALLOWED, AND THEN THE PATIENT WAS CHARGED AN \$1100.00 COPAY. APPEALS TO UNITED HEALTHCARE'S ANCILLARY CARE MANAGEMENT COMPANY, APPLICATION OF FRAUD TO UNITED HEALTHCARE, INQUIRIES TO THE MARYLAND AG'S OFFICE, THE MIA, AND FINALLY TO THE OIG/OPM OF THE FEDERAL GOVERNMENT PROVED FUTILE AND FRUITLESS. IN ALL BUT THE OIG/OPM CONTACTS, I WAS REBUFFED WITH THE COMMENT THAT IT WAS A CONTRACT ISSUE BETWEEN ME AND THEM. IN THE CONTACT WITH THE OIG/OPM, AN INSPECTOR CAME TO MY OFFICE, LOOKED AT THE DOCUMENTATION AND AGREED THAT "UPCHARGING" HAD OCCURRED THAT IS ILLEGAL. HOWEVER, HIS SUPERVISOR WOULD NOT PERSUE IT AND A LETTER I SENT TO SUPERVISOR WAS NEVER ANSWERED.

SENATOR CARDIN P.2

IT SEEMS UNUSUAL THAT SHORTLY AFTER I BEGAN MY INQUIRIES WITH GOVERNMENTAL AGENCIES ABOUT THIS MATTER, UNITED HEALTHCARE AND ANCILLARY CARE MANAGEMENT ENDED THEIR BUSINESS ARRANGEMENT. I WONDER WHY?

PLEASE UNDERSTAND THAT I HAVE BEEN PAID THE AMOUNTS I BILLED TO THE PATIENTS IN ALL OF THE CASES. THEORETICALLY AND PRACTICALLY, I HAVE NO INTEREST IN WHAT HAPPENS, BUT I DO. I DO BECAUSE I BELIEVE MY PATIENTS HAVE BEEN OVERCHARGED AND POSSIBLY DEFRAUDED OUT OF MONIES THAT COULD GO TOWARDS MEETING THEIR NEEDS IN THESE TROUBLED TIMES RATHER THAN LINE THE POCKETS OF UPPER MANAGEMENT OF THE INSURANCE COMPANIES.

CONTRACT SPECIALIST RON RHEINHARDT'S REMARK THAT MY POINTING THIS OUT IS "THE PROVIDER FEELS THEY ARE NOT GETTING THE FAIR SHARE OF THE PAYMENT....." IS GRATUITOUS TO OUT RIGHT SLANDEROUS. I HAVE BEEN IN BUSINESS FOR ALMOST 48 YEARS AND NO OTHER INSURANCE COMPANY TO THE BEST OF MY KNOWLEDGE HAS EVER UPCHARGED MY PAYMENT REQUEST AND THEN BILLED THE PATIENT ACCORDING TO THAT UPCHARGE AS HAS HAPPENED WITH UNITED HEALTHCARE AND ANCILLARY CARE MANAGEMENT.

SENATOR CARDIN P.3

I HAVE SPENT WELL OVER 100 HOURS OF MY TIME PURSUING JUSTICE FOR PEOPLE WHO, IN MANY CASES, ARE AFRAID TO DEAL WITH INSURANCE COMPANIES WHERE THEY SUSPECT THEY WILL BE CUT OFF IF THEY COMPLAIN. RIGHT OR WRONG, THIS IS THEIR FEELING. BELIEVING THEIR PLIGHT, I HAVE TRIED TO RIGHT THE WRONG. I APPEAL TO YOU AND YOUR OFFICE TO LOOK INTO THIS MATTER. I ASK THAT YOU DO NOT FALL FOR THE INSURANCE COMPANY'S LINE ABOUT IT BEING A CONTRACT BETWEEN MY OFFICE AND THEM. IT HAS NO BASIS IN FACT. I BILL MY PRICE AND THEY SHOULD PAY ACCORDING TO WHAT I BILL AND THEY SHOULD PAY THAT AMOUNT OR LOWER, IF THEIR ALLOWABLE IS LOWER. WHEN THEY "ALLOW" A HIGHER AMOUNT, I RECEIVE NO ADDITIONAL MONIES. IN THIS CASE, ONLY UHC AND ACM PROSPERED FROM THE CONTRACT BETWEEN UHC AND ACM. I ALWAYS THOUGHT THAT IF A CONTRACT IS ILLEGAL, IT IS ILLEGAL. UNH AND ACM MUST THINK OTHERWISE. IF, BY SOME CHANCE, THEIR ACTIONS ARE LEGAL. I BELIEVE THIS LOOP HOLE SHOULD BE CORRECTED.

I AM ENCLOSING AS MUCH INFORMATION AS I CAN WITHIN THE HIPPA STANDARDS. WHEN AN INVESTIGATION IS LAUNCHED, PLEASE FEEL FREE TO REQUEST THE NAMES, ETC OF THE PATIENTS THAT I HAVE IDENTIFIED. I AM POSITIVE THAT THERE ARE HUNDREDS, IF NOT THOUSANDS, OF CLAIMS THAT UHC/ACM'S CONTRACT WAS APPLIED.

I THANK YOU AGAIN FOR YOUR TIME AND CONSIDERATION.

SINCERELY,

PHILLIP PAUL WEINER, PHARM.D.

ENCLOSURES

INDEX OF DOCUMENTATION

1. 1 PAGE NETWORK PARTICPATION AGREEMENT BETWEEN WHHCC & ACM DATED MARCH 1, 2006, THE START DATE OF THE UHC/ACM CONTRACT OF SERVICES (FULL CONTRACT NOT SENT)
2. 7 PAGE LETTER TO OFFICE OF THE ATTORNEY GENERAL DATED JANUARY 18, 2008 TO MS. ADRIAN REDD AND THE 14 TELEPHONE CALLS TO HER. ALSO SHOWS FTC REFERENCE NUMBER 13526978
3. 1 PAGE LETTER FROM THE AG'S OFFICE TO THE MIA. DATED JULY 29, 2008
4. 1 PAGE LETTER FROM MIA CHIEF INVESTIGATOR DATED AUGUST 6, 2008 SENDING MY COMPLAINT TO DHMH
5. 2 PAGES FROM JEN BARKOSKY OF ACM REMOVING ME FROM A SETTLEMENT PROCEEDING WITH ACM FOR BACK CLAIMS THAT HAVE NOT BEEN PAID BECAUSE OF MY COMPLAINING TO THE AG AND MIA. EMAILS DATED AUGUST 13, 2008
6. 1 PAGE LETTER FROM AG CONSUMER PROTECTION DIVISION. DATED AUGUST 22, 2008
7. FIRST PAGE OF LETTER FROM MIA DATED SEPTEMBER 16, 2008 SHOWING, WHAT I BELIEVE IS THE CRUX OF MY COMPLAINT. THE PAYMENT TO PATIENTS IS CONTROLLED BY THE PATIENTS PLAN AND THE CONTRACT WITH ACM WHICH I BELIEVE WAS AND IS ILLEGAL. (FIRST ONLY, BECAUSE OF HIPPA INFORMATION)
8. FIRST PAGE OF LETTER DATED SEPTEMBER 23, 2008 TO MIA ANSWERING QUESTIONS FROM A LETTER FROM MIA DATED SEPTEMBER 16, 2008 NOT PRESENTED BECAUSE OF HIPPA REGULATIONS.
9. 1 PAGE LETTER TO MIA SUPERVISOR DATED NOVEMBER 20, 2008
10. 2 PAGE LETTER FROM MIA BASICALLY STATING THAT I CANNOT BRING AN ACTION ON BEHALF OF OTHERS.
11. 3 PAGE LETTER WITH 14 ADDITIONAL PAGES OF REDACTED INFORMATION DATED FEBRUARY 3, 2009 TO MR. JOE FRECK WHOSE NAME I OBTAINED FROM A FRIEND AS A BEGINNING CONTACT AT OPM/OIG
12. 1 PAGE SHOWING THE SPECIAL AGENT FROM OPM/OIG WHO BELIEVED ILLEGAL UPCHARGING HAD OCCURRED.

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13. 3 PAGES OF EMAIL DATED JULY 2, 2009 SHOWING RON RHEINHARDT'S ANSWER TO AGENT YOUNG. THE MAIN ERROR OF HIS EMAIL IS THAT THE PRIME EXAMPLE IN MY COMPLAINT IS, IN FACT, A RETIRED GOVERNMENT EMPLOYEE. SECONDLY, MR. RHEINHARDT STATES THAT I AM DISSATISFIED WITH ACM GETTING MORE MONEY THAN I DO. WRONG. IT IS MY DISTRESS THAT MY PATIENTS HAVE TO PAY EXCESSIVE COPAYS BECAUSE OF THE CONTRACT BETWEEN UHC AND ACM. I GET PAID WHAT THEY ALLOW AND I AM REASONABLY SATISFIED WITH IT.
14. 2 PAGE LETTER TO MR. ED DeHARDE AGAIN OUTLINING THE PROBLEM AND STATING THE FEDERAL EMPLOYEE AGAIN IN PARAGRAPH 2. THIS LETTER DATED JULY 13, 2009 WAS NOT ANSWERED.
15. THE LAST DOCUMENT REPEATED BY UHC MANY TIMES IS THE MAJOR POINT OF MY ARGUMENT. THEIR CONTRACT HAS TO BE ILLEGAL BECAUSE IT ALLOWS ONE COMPANY (ACM) TO INCREASE (I.E. UPCHARGE) WHAT THE INITIAL PROVIDER CHARGES AND BASES THE PATIENTS COPAY ON THE UPCHARGED AMOUNT. THIS CANNOT BE LEGAL.

July 13, 2009

Mr. Ed. DeHarde
Group Chief
Health Insurance Group III
US office of Personnel Management
1900 E Street, N.W.
Washington, D.C. 20415

Re: United Health Care (Dr. Weiner Fraud Issue)

Dear Mr. DeHarde:

I have been trying for well over a year to persuade someone, anyone, in government as to a scheme that United Health Care (UHC) and their contractor, Ancillary Care Management (ACM), with whom UHC worked with that I strongly believe illegally upcharged or outright defrauded citizens of Maryland, Virginia, Delaware, and the District of Columbia.

In this one specific case, a retired beneficiary of the Federal Employees Program had to pay an \$1,100.00 copay that I believe should have been \$550.00 or \$600.00. Simply, my office billed \$1250.00. ACM denied \$50.00, paid me \$100.00, and caused my patient to incur an \$1100.00 copay. Because of my interference with the UHC/ACM scheme, ACM took back my \$100.00. I do not know why as I was not given their rationale.

United Health Care has steadfastly held to the position that the problem was a contract issue between me and ACM. I will further admit that the Maryland Insurance Administration and the Consumer Protection Division of the Attorney Generals Office of the State of Maryland, who took over 9 months to come to the position that everyone except Agent Jimmy Young, that is it is a contractual issue between me and UHC/ACM as did Ron Rheinhardt. Mr. Young has the information you need to see this for yourself.

The fact is, there is nothing further from the truth. In the \$1100.00 copay case as in all of the other cases, I have been paid. Usually it was because my patient, the UHC/ACM client was charged up to 100% of the cost of the Durable Medical Equipment (DME) item as a copay. That is wrong, unfair, and should not be allowed to stand.

Ed DeHarde P.2

Please understand this: Many insurance policies have deductibles and/or copays. A deductible is the amount of money that the beneficiary must pay before the insurance company will consider paying for an item. The copay can either be a percentage or a specific amount. In the DME world, it is usually a percentage and in the physician world it is generally a dollar amount. BUT, in my 45+ years in business, no copay has been 11/12ths of the billed amount as in this specific case.

It seems quite a coincidence that shortly after my first inquiry to UHC/ACM by the MIA, that the UHC/ACM contract was stopped. I am sure that UHC/ACM will tell you that it had been planned all along.

I do not wish to keep going and going and going. I have the proof that I billed \$1250.00, ACM billed UHC (through one of its wholly owned sub units) \$2300.00, and that sub unit paid me \$100.00 and charged my patient an \$1100.00 copay. This is the crux of my complaint. If the same patient today would receive the same equipment as she did when this started, her copay would only be \$600.00 because she has a 50% copay. She would not be charged \$1100.00. Therefore, the upcharge or fraud occurred in the first case. Either way, it is wrong.

Why will no one in government step up to the plate, tell the giant UHC they were wrong, and obtain refunds for what I believe were hundreds, and perhaps thousands, of similar cases over the approximately two and one-half years of the UHC/ACM scheme.

I certainly hope that you are that person.

Sincerely,

Phillip Paul Weiner, Pharm.D.

Therefore, based on the above information..... Are you serious???? OK, lets go over this again. This complaint is not about me, not about my business. The complaint is that the scheme between ACM and UHC has cheated the citizens of Maryland, Virginia, Delaware, and probably other states. It should not be legal. It certainly is not ethical or in the public's interest. Does not the Maryland Insurance Administration care about the citizens of the State of Maryland?

I am writing, verbatim, the paragraph from the August 29, 2008 letter to you from UHC. I do so because this probably answers how the scheme was set up.

"Any variance between the amounts paid by UnitedHealthcare to ACM and by ACM to its subcontracted providers, including Weiner is accounted for by the difference in fee schedules between the UnitedHealthcare/ACM contract and the contract between Weiner and ACM. Any UnitedHealthcare member responsibility is accurately reflected on the EOB provided by UnitedHealthcare to ACM. Since UnitedHealthcare adjudicates the claim based on member benefits, the information for member responsibility provided by ACM to its subcontracted provider should reflect the adjudicated amount reported to ACM by UnitedHealthcare."

These three sentences basically state that regardless of what any provider bills, ACM can charge UHC more and their members have to pay their copay according the higher price. It seems to me that the members pay a premium and the companies that utilized UHC may pay a premium above the normal and customary charges that a provider may charge. If I did that I would be cited for gauging.

In the final analysis, I believe the Maryland Insurance Administration must step up to the plate and take action against what I have presented here. It is egregious and must not be allowed to stand. The members of UHC who have paid larger than required copays and/or deductibles must be reimbursed with interest and UHC and/or ACM must be fined for their scheme.

Sincerely,

Phillip Paul Weiner, Pharm.D.

7 CLAIMS IN ALPHA ORDER WITH NOTATIONS

1. PATIENT AEB: WHHCC BILLED \$500.00 ACM BILLED OPTIMUM CHOICE (OC) \$1320.00 WITH PATIENT OBLIGATION OF \$660.00 FOR SAME ITEM ALSO SEE PATIENT FW. I SPOKE WITH PATIENT AEB WHO WAS AFRAID TO CONTACT OC.
2. PATIENT CAB: WHHCC BILLED \$99.12. EXPLANATION OF BENEFITS (EOB) FROM OC SHOWS OC WAS BILLED \$451.40 WITH MEMBER OBLIGATION OF \$225.70. WHHCC EOB SHOWS A MORE CORRECT EOB.
3. PATIENT LDC: WHHCC BILLED \$49.56 PATIENT RESPONSIBILITY OF \$82.28 AS ACM BILLED UHC \$225.70.
4. PATIENT KN: WHHCC BILLED \$90.00 ACM ACCEPTED \$58.50, PAID WHHCC \$9.00 WITH A \$49.50 COPAY TO PATIENT.
5. PATIENT CAR WAS BILLED BY WHHCC \$140.00. EOB FROM UHC TO PATIENT WAS \$154.00. ACM ALLOWED \$84.00, DENIED THE CLAIM AND UPON PATIENT COMPLAINT PAID IT.
6. PATIENT AW: WHHCC BILLED \$250.00 ACM ALLOWD \$250.00, PAID WHHCC \$12.85 WITH A PATIENT COPAY OF \$237.15
7. PATIENT FMW: WHHCC BILLED ACM \$1250.00, ACM ACCEPTED \$1200.00, PAID WHHCC \$100.00 AND A COPAY OF \$1100.00. ON APPEAL, ACM TOOK BACK THE \$100.00. FURTHER CONTACTS CULMINATED IN THE WRITING OF THIS INFORMATION TO SENATOR CARDIN.

HOME CARE NETWORK
PARTICIPATION AGREEMENT

THIS PARTICIPATION AGREEMENT (the "Agreement") is entered into, by and between ANCILLARY CARE MANAGEMENT, INC., a Delaware corporation ("ACM"), and Weiner's Home Health Care Center ("Provider"), each of whom may be hereinafter referred to individually as "party" or collectively as the "parties", effective the 1st of March 2006 ("Effective Date") with reference to the following facts:

RECITALS

WHEREAS, ACM has entered into a Network Services Agreement ("NSA") with UnitedHealth Networks, Inc. and United Healthcare Insurance Company on behalf of itself and the other entities that are United's Affiliates (collectively, "United") pursuant to which ACM agrees to arrange for the provision of home care services to Customers of United through a panel of qualified home care providers who have or will have access to ACM's electronic claims submission technology.

WHEREAS, Provider is duly licensed or otherwise authorized to provide home care services in the jurisdiction in which Covered Services are rendered, and who desires to participate in ACM's panel of providers under the terms and conditions of this Agreement subject to credentialing by ACM.

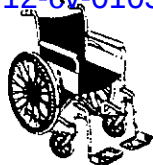
ACCORDINGLY, the parties hereto agree as follows:

ARTICLE 1. - DEFINITIONS

Whenever used in this Agreement, the following terms shall have the definitions contained in this Article 1:

- 1.1 Benefit Plan means a certificate of coverage, summary plan description, or other document or agreement, whether delivered in paper, electronic, or other format, under which a Payer is obligated to provide coverage of Covered Services for a Customer.
- 1.2 Covered Service is a health care service or product for which a Customer is entitled to receive coverage from a Payer.
- 1.3 Customary Charge is the fee for health care services charged by Provider that does not exceed the fee Provider would ordinarily charge another person regardless of whether the person is a Customer.
- 1.4 Customer is a person eligible and enrolled to receive coverage from a Payer for Covered Services.
- 1.5 Payment Policies are the guidelines adopted by United for calculating payment of claims under this Agreement and are subject to change from time to time as described in Section 5.1.

AG-MS REDD



WEINER'S

HOME HEALTH CARE CENTER

3635 OLD COURT ROAD, PIKESVILLE, MD 21208

Phillip Paul Weiner, Pharm. D
Consultant Pharmacist

Phone: (410) 653-1434
Fax: (410) 486-7300

ATC 1112 NEW

MS. ADRIAN REDD
OFFICE OF THE AG
FAX 410-576-6571

6448 = 111206

January 18, 2008

RE: POSSIBLE ILLEGAL/IMMORAL/UNETHICAL/OR
OTHER ACTION BETWEEN UNITED HEALTH CARE (UHC)
AND ITS SUBSIDIARIES AND ANCILLARY CARE
MANAGEMENT (ACM)

THANK YOU AGAIN FOR SPEAKING WITH ME THIS
MORNING. I HAVE TRIED TO REDACT THE HIPPA
REQUIRED INFORMATION FROM THE 7 CLAIMS THAT
ARE INCLUDED IN THIS TRANSMISSION.

THERE ARE THREE PARTS TO THIS FAX:

FTC

1-877-382-4357

13526978

REF #

INS Comm.

4104482090-44

1 PM DIENER

MIA = NO INS. COMM ISSUE

2/108

2/8/08 3:10 @ AMMHL

3/3/08 2:30 VMLM

3/18/08 12:30

SHE HAD SOME INFO TO DI
ABOUT THIS - SHE WOULD BE
ABLE TO PAY FOR THE

4/1/08 5:00

4/7/08

4/14/08 VMLM 11:35

4/15/08 - VMLM FOR
M WATKINS
RE!

4/23/08 LINDA FISHER
2 PM
FILE TO BE REVIEWED

5/8/08

6/13/08 5:53 VMLM

7/7/08 4:45 VMLM

7/8/08 3:37 VMLM

7/16/08 - CMA HAD PART INFO

7/28/08 3:01 PART
THRU TO ELLEN CANTO -
DIRECTOR

PUT TO SEND INFO
ONLINE TO MIA AS W/IN
MY 2 DAYS

DOUGLAS F. GANSLER
Attorney General

KATHERINE WINFREE
Chief Deputy Attorney General

JOHN B. HOWARD, JR.
Deputy Attorney General



WILLIAM D. GRUHN
Chief
Consumer Protection Division

STATE OF MARYLAND
OFFICE OF THE ATTORNEY GENERAL
CONSUMER PROTECTION DIVISION

WRITER'S DIRECT DIAL NO.

410-576-6363

July 29, 2008

Mary M. Kwei
Maryland Insurance Administration
525 St. Paul Place
Baltimore, MD 21202

Re: HAU-155620

Dear Ms. Kwei:

Our office received a complaint from Phillip Paul Weiner, Pharm. D, regarding the billing practices of UnitedHealthcare and Ancillary Care Management, and also potential issues regarding the clean claims laws of Maryland.

We believe that your agency may be able to address the concerns outlined in the complaint and are enclosing copies of any relevant documents we have received.

If you have any questions, please contact me at 410-576-6363.

Sincerely,

A handwritten signature in black ink, appearing to read "Ellen L. Kuhn".

Ellen L. Kuhn
Assistant Attorney General
Director, Health Education and Advocacy Unit

Enclosure

cc: Phillip Paul Weiner ✓

MARYLAND INSURANCE ADMINISTRATION
INSURANCE FRAUD DIVISION
201 E. Baltimore Street, Suite 700
Baltimore, Maryland 21202

FAX

Number of Pages Including Cover: 3

Date: 08/06/08
To: Phillip Weiner – Weiner Home Health Care Center
Fax: 410-486-7300

From: **William B. Bokel, Jr. - Chief Investigator**
Maryland Insurance Fraud Division
Phone: 410-468-3902 or 1-800-846-4069
Fax: **410-347-5350**

As I indicated yesterday, I spoke with the Attorney General auditors today concerning the nature of your complaint. The consensus of opinion is your information would be best delivered to someone in the Department of Health and Mental Hygiene dealing with medical billing practices.

I researched the website of DHMH which suggests that fraud matters be referred to their Office of Inspector General. I have attached a copy of their complaint form with the information to mail or fax your information directly to them.

Please contact me with any questions concerning this matter.

Thanks,

William B. Bokel, Jr.

From: Jen Barkosky <jdahl@ACMCentral.com>
To: ppweiner@aol.com
Cc: Ashley Hume <ahume@ACMCentral.com>
Subject: Settlement Process
Date: Wed, 13 Aug 2008 2:12 pm

Hello Dr. Weiner,

I did not hear back from you yesterday regarding whether or not you would like to remain in the settlement process but the DOI complaint you issued was brought to my attention. We will have to discontinue the settlement process if you would rather bring your concerns to the DOI. I will remove you from the process today.

Thanks,

Jen Barkosky
Project Manager, Revenue Management
Ancillary Care Management, Inc.
jbarkosky@ACMcentral.com
Direct: 952-826-2507
Fax: 952-826-2598

www.ACMcentral.com

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MIA

MARTIN O'MALLEY
Governor

ANTHONY G. BROWN
Lt. Governor



**INSURANCE
ADMINISTRATION**

525 St. Paul Place, Baltimore, Maryland 21202-2272
Phone: 410-468-2244 Fax: 410-468-2260
1-800-492-6116 TTY: 1-800-735-2258
www.mdinsurance.state.md.us

RALPH S. TYLER
Commissioner

BETH SAMMIS
Deputy Commissioner

BRENDA A. WILSON
Associate Commissioner
Life and Health

September 16, 2008

Phillip Paul Weiner Pharm.D.
Weiner's Home Health Care Center
3635 Old Court Road
Pikesville, Maryland 21208

274354 SEP 26, 2008 ALL CURR USD 1 OF 1
SERVICE GNDCOM ACT WT 1.0 LBS
TRACKING# 172743540344491055
REF 1:
REF 2:
HANDLING CHARGE 0.00
SINGLE-PIECE PUB RATE CHRG: SVC 4.64 USD
DV 0.00 COD 0.00 RS 0.00
DC 0.00 DG 0.00 SD 0.00
AH 0.00 PR 0.00 SP 0.00
TOT PUB CHG 4.64 PUB+HANDLING 4.64

RE:

MIA File Number: 81918-L-2008-SEM-C
Company: United Healthcare Insurance Company (UHC)
Ancillary Care Management (ACM)

Dear Dr. Weiner:

The Maryland Insurance Administration received a response from United Healthcare Insurance Company regarding your complaint. I have enclosed a copy of the response for your information and review. We have concluded our investigation.

You have requested assistance because you contend Ancillary Care Management (ACM) and United Healthcare has overcharged members for copayments for services you have rendered or provided. You have provided 7 claims as a sample of the issues. The carrier was only able to identify five members. The identified members are referred to in your complaint as attachments #1, #2, #5, #6A & B, and #7A & B.

ACM had a network services agreement with UHC to provide home care services through the ACM provider network. Your contract was with ACM. UHC processed claims based on the provisions of each member's policy and the contract with ACM, not with Weiner's Home Health Care Center. As a contracted provider with ACM, payments were made to you based on your contract with them. The ACM contract with UHC terminated on October 31, 2007.

UHC has included a spreadsheet detailing the adjudication process for the members they were able to identify. Only two members fall under The Administration's jurisdiction.

MARTIN O'MALLEY
Governor

ANTHONY G. BROWN
Lt. Governor



**INSURANCE
ADMINISTRATION**

525 St. Paul Place, Baltimore, Maryland 21202-2272
Phone: 410-468-2244 Fax: 410-468-2260
1-800-492-6116 TTY: 1-800-735-2258
www.mdinsurance.state.md.us

RALPH S. TYLER
Commissioner

BETH SAMMIS
Deputy Commissioner

BRENDA A. WILSON
Associate Commissioner
Life and Health

December 19, 2008

Dr. Phillip Paul Weiner, Pharm.D.
Weiner's Home Health Care Center
3635 Old Court Road
Pikesville, Maryland 21208

Re: MIA File Number: 81918-L-2008-SEM-C
Insured:

Dear Dr. Weiner:

We have reviewed the materials you recently sent us to demonstrate that you requested a hearing on November 20, 2008 in the above-referenced complaint. We regret to inform you that based on the file documents the Administration is unable to grant you a hearing.

The file documents that Ancillary Care Management (ACM) paid the claim for the above insured on November 4, 2008 for date of service June 28, 2007 in the amount of \$129.60. We understand that your experience has led to your request for a hearing.

The hearing request is not based on the issues surrounding this insured, but rather on behalf of the citizens Maryland and stated in part:

My complaint was not about myself, nor my business. It was about, what I believe, was a negative action between United Health Care and Ancillary Care Management against the citizens of Maryland, Delaware, Virginia, and most likely Washington who were clients of MAMSI, MDIPA, Optimum choice, and possibly the Alliance network.....

You do not have standing to request a hearing on behalf of the citizens of Maryland, Delaware, Virginia, and the District of Columbia. Therefore, we cannot grant your hearing request.

Section 2-210 of the Insurance Article states that a hearing may be requested by a person aggrieved by an act or failure to act of the Commissioner. Your claim was paid and you state that your request is not for yourself or your business, so you are not the person aggrieved by our determination.

You may appeal our denial of your hearing request in accordance with §2-215 of the Insurance Article. You must file your appeal within 30 days. The appeal should be filed in the Circuit

Authorization for Durable Medical Equipment (DME)

Date: <u>2/27/06</u>		DME Vendor: Phillip Paul Weine		Attention: <u>R. Nichols</u>													
Reference: AEXX6000783			Benefits: 50% COPAYMENT														
Patient Name	Member #	Equipment Authorized	**	Dates of Service													
				From	To												
[REDACTED]	[REDACTED]	E1399 RR VTIRECTOMY TABLE – 1 each	WR	03-01-06	04-11-06												
** Legend <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">3MP Three-month Purchase</td> <td style="width: 33%;">INC Included with Set-up</td> <td style="width: 33%;">P Purchase</td> <td style="width: 33%;">RDR Re-authorization of Daily Rental</td> </tr> <tr> <td>CR Rental</td> <td>MP Monthly Purchase</td> <td>PCR Convert to Purchase</td> <td>RMR Re-authorization of Monthly Rental</td> </tr> <tr> <td>DR Daily Rental</td> <td>MR Monthly Rental</td> <td>RCR Re-authorization of Rental</td> <td>WR Weekly Rental</td> </tr> </table>						3MP Three-month Purchase	INC Included with Set-up	P Purchase	RDR Re-authorization of Daily Rental	CR Rental	MP Monthly Purchase	PCR Convert to Purchase	RMR Re-authorization of Monthly Rental	DR Daily Rental	MR Monthly Rental	RCR Re-authorization of Rental	WR Weekly Rental
3MP Three-month Purchase	INC Included with Set-up	P Purchase	RDR Re-authorization of Daily Rental														
CR Rental	MP Monthly Purchase	PCR Convert to Purchase	RMR Re-authorization of Monthly Rental														
DR Daily Rental	MR Monthly Rental	RCR Re-authorization of Rental	WR Weekly Rental														
Please call the Professional Services Department at 1-800-342-6141 to confirm eligibility and benefits.																	
Telephone: 1-800-946-6091, Option #2			Fax: 301-545-5419		Completed By: Stacey Coffee, RN												

A

ATTACH 2, 1/02/2001 The reference authorization number does not guarantee payment. It establishes that medical necessity and a benefit for DME exist. In order for payment to occur, there must be a valid enrollment at the time of service in conjunction with a valid reference authorization number and appropriate dates of service. Payment will then be made according to the limitations of the member's benefit package.

Notice of Confidentiality: The information included and/or referred to in this facsimile transmission may contain confidential or privileged information and is intended for the addressee. Any unauthorized disclosure, reproduction, distribution or the taking of action in reliance on the contents of the information is prohibited. If you believe you have received the message in error, please notify the sender by reply transmission and delete the message without copying or displaying it.

Corporate Headquarters, 4 Tall Court • Rockville, MD 20850 • www.ummsi.com

HC481.3.1.CHECK

PAGE 1
04-19-06

REMITTANCE ADVICE
M.D. IPA HEALTH PLAN
P.O. BOX 932 FREDERICK, MARYLAND 21705
(301) 360-8053 or 1-800-342-6141

#4A

Phillip Paul Weiner, Pharm C
3635 OLD COURT RD
BALTIMORE, MD 21208

VENDOR NO. 358346MD1
REMIT NO. 654853
DATE 04-19-06
TAX ID # 520782222

Phillip Paul Weiner, Pharm C
3635 OLD COURT RD
BALTIMORE, MD 21208

VENDOR NO. 358346MD1
REMIT NO. 654853
DATE 04-19-06
TAX ID # 520782222

ALL SERVICES REQUIRE RETURN DOCUMENTATION TO THE REFERRING PRIMARY CARE PHYSICIAN.

Provider: 358346 Phillip Paul Weiner, Pharm C

INVOICE DATE 04/11/06
REFERRAL#

GROUP	SITUS	FE	REQ	ALLOW	DIS-	W/HOLD	COPAY	PAID ADJ
DT. FROM	CODE	MOD	AMT	AMT	ALLOW	AMT		
03-01-06	E1399		1250.00	0.00	1250.00	0.00	0.00	0.00
03-31-06								
SUB TOTALS			1250.00	0.00	1250.00	0.00	0.00	0.00
TOTAL AMOUNT INCLUDED IN YOUR CHECK								0.00

J12

TOTAL AMOUNT PAID

0.00

ADJUSTMENT CODES

J12 PLEASE SUBMIT THIS HOME INFUSION, DURABLE MEDICAL EQUIPMENT
OR SPECIALTY MEDICINE SERVICES CLAIM DIRECTLY TO ANCILLARY
CARE MANAGEMENT AT AOCENTRAL.COM FOR REPRICING.

*** IMPORTANT ***

THIS DOCUMENT MUST BE RETAINED FOR BOOKKEEPING AND TAX PURPOSES

Fee maximum varies based upon provider's region and may also vary based
on the member's health benefit plan.

Help prevent health care fraud and abuse. Please report any suspicious
or unusual claims to our 24 hour fraud hotline at 1-800-806-3243. Your
identification will be kept confidential.

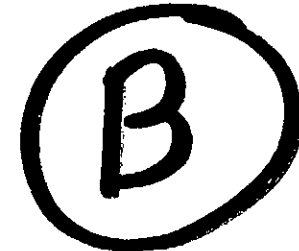
We are offering the opportunity for participating practices to submit
claims to our health plans through our Electronic Data Interchange
(EDI) program.

In order to do so, you can connect to Payerpath Inc, MISYS, McKesson,

MedAventHealth(Proxy-Med), National Data Corporation (NDC),
Electronic Network Systems Inc (ENS), The SSI Group Inc (SSI),
RealMed or with Emdeon(WebMD) for 837 Professional Claims. For 837
Institutional claims, you can connect with Payerpath, McKesson, NDC,
SSI, or Emdeon. For 837 Dental claims you can connect with
Affiliated Network Services (ANS).

Reminder: To assure proper claims processing enter both provider number
and your federal tax identification number on the claim form.

Unless the adjustment code notes a particular address for resubmissions,
please send your resubmissions to the following address: P.O. box
937, Frederick, MD 21705.



Member Name: [REDACTED]

Subtotal Paid for Member:

\$134.07

Case 1:12-cv-01038-CBB Document 1-1 Filed 04/04/12 Page 26 of 37

Submitted Charges	ACM Contracted	Claim #	Start Date	End Date	ItemID	Quantity	Days	Prov Ref #
Item: \$231.62	\$148.95	060708000876	06/08/2006	06/08/2006	L4360	1	1	0
Drug: \$0.00	\$0.00	Remark Code	Allowed Amt	Co-Pay	Co-Insur	Deductible	Other Amt	Interest Amt
		PR2	\$148.95	\$0.00	\$14.88	\$0.00	\$0.00	\$0.00
Amount Paid								
\$134.07								

Member Name: [REDACTED]

Subtotal Paid for Member:

\$28.53

Submitted Charges	ACM Contracted	Claim #	Start Date	End Date	ItemID	Quantity	Days	Prov Ref #
Item: \$351.60	\$175.20	060620000720	06/19/2006	06/19/2006	A4390	30	1	0
Drug: \$0.00	\$0.00	Remark Code	Allowed Amt	Co-Pay	Co-Insur	Deductible	Other Amt	Interest Amt
			\$175.20	\$0.00	\$2.95	\$160.46	\$0.00	\$0.00
Amount Paid								
\$11.79								

Submitted Charges	ACM Contracted	Claim #	Start Date	End Date	ItemID	Quantity	Days	Prov Ref #
Item: \$45.00	\$20.93	060620000727	06/19/2006	06/19/2006	A4406	6	1	0
Drug: \$0.00	\$0.00	Remark Code	Allowed Amt	Co-Pay	Co-Insur	Deductible	Other Amt	Interest Amt
			\$20.93	\$0.00	\$4.19	\$0.00	\$0.00	\$0.00
Amount Paid								
\$16.74								

Member Name: [REDACTED]

Subtotal Paid for Member:

\$82.80

Submitted Charges	ACM Contracted	Claim #	Start Date	End Date	ItemID	Quantity	Days	Prov Ref #
Item: \$138.00	\$82.80	060708000889	07/07/2006	07/07/2006	A6539	1	1	0
Drug: \$0.00	\$0.00	Remark Code	Allowed Amt	Co-Pay	Co-Insur	Deductible	Other Amt	Interest Amt
			\$82.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Amount Paid								
\$82.80								

Member Name: [REDACTED]

Subtotal Paid for Member:

\$122.40

Submitted Charges	ACM Contracted	Claim #	Start Date	End Date	ItemID	Quantity	Days	Prov Ref #
Item: \$56.30	\$35.40	060608020519	05/09/2006	05/09/2006	A4649	4	1	0
Drug: \$0.00	\$0.00	Remark Code	Allowed Amt	Co-Pay	Co-Insur	Deductible	Other Amt	Interest Amt
			\$35.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Amount Paid								
\$35.40								

Submitted Charges	ACM Contracted	Claim #	Start Date	End Date	ItemID	Quantity	Days	Prov Ref #
Item: \$150.00	\$87.00	060608020525	05/09/2006	05/09/2006	A6549	1	1	0
Drug: \$0.00	\$0.00	Remark Code	Allowed Amt	Co-Pay	Co-Insur	Deductible	Other Amt	Interest Amt
			\$87.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Amount Paid								
\$87.00								

Member Name: [REDACTED]

Subtotal Paid for Member:

\$100.00

Billing Questions call 866-863-4686

470

Weiners Home Health Care Corp

07/26/06

United Health Care
Ancillary Care Management
Explanation of Benefits

Check: 124131
Amount: \$475.72
Check Date: 07/26/2006

Submitted Charges	ACM Contracted	Claim #	Start Date	End Date	ItemID	Quantity	Days	Prov Ref #
Item: \$1,250.00	\$1,200.00	060426015474	03/01/2006	03/31/2006	E1399	1	31	0
Drug: \$0.00	\$0.00	Remark Code	Allowed Amt	Co-Pay	Co-Insur	Deductible	Other Amt	Interest Amt
		PR3	\$1,200.00	\$4,100.00	\$0.00	\$0.00	\$0.00	\$0.00
Amount Paid								
\$100.00								

Total Amount Paid: \$475.72

Remark Legend

OA23 Other adjustments Payment adjusted because charges have been paid by another payer.
PR2 Patient Responsibility Coinsurance Amount
PR3 Patient Responsibility Co-payment Amount

ACM

11213 Davenport Drive, Suite 301
Omaha, NE 68154

Weiners Home Health Care Corp
3635 Old Court Road
Pinesville MD 21208

TaxID: 520782222

United Health Care
Ancillary Care Management
Explanation of Benefits

Check Number: 168926
Amount: \$65.08
Check Date: 11/12/2006
Provider #: 1028302

If any Information in this section has changed or is incorrect, please notify Ancillary Care Management at 866-863-4686

Member Name: [REDACTED]									
Subtotal Paid for Member:									\$5.58
Submitted Charges	ACM Contracted	Claim #	Start Date	End Date	ItemID	Quantity	Days	Prov Ref #	
Item: \$15.00	\$6.98	061017013791	10/16/2006	10/16/2006	A4406	2	1	0	
Drug: \$0.00	\$0.00	Remark Code	Allowed Amt	Co-Pay	Co-Insur	Deductible	Other Amt	Interest Amt	Amount Paid
		PR2	\$6.98	\$0.00	\$1.40	\$0.00	\$0.00	\$0.00	\$5.58

NOT IN CALL

Member Name: [REDACTED]									
Subtotal Paid for Member:									\$84.25
Submitted Charges	ACM Contracted	Claim #	Start Date	End Date	ItemID	Quantity	Days	Prov Ref #	
Item: \$99.12	\$99.12	061102012985	11/02/2006	11/02/2006	L3984	2	1	0	
Drug: \$0.00	\$0.00	Remark Code	Allowed Amt	Co-Pay	Co-Insur	Deductible	Other Amt	Interest Amt	Amount Paid
		PR2	\$99.12	\$0.00	\$14.87	\$0.00	\$0.00	\$0.00	\$84.25

Member Name: [REDACTED]									
Subtotal Paid for Member:									\$75.25
Submitted Charges	ACM Contracted	Claim #	Start Date	End Date	ItemID	Quantity	Days	Prov Ref #	
Item: \$140.00	\$105.25	061005015825	09/27/2006	09/27/2006	A6531	4	1	0	
Drug: \$0.00	\$0.00	Remark Code	Allowed Amt	Co-Pay	Co-Insur	Deductible	Other Amt	Interest Amt	Amount Paid
		PR3	\$105.25	\$30.00	\$0.00	\$0.00	\$0.00	\$0.00	\$75.25

Member Name: [REDACTED]									
Subtotal Paid for Member:									\$0.00
Submitted Charges	ACM Contracted	Claim #	Start Date	End Date	ItemID	Quantity	Days	Prov Ref #	
Item: \$6.88	\$6.88	061017013651	03/20/2006	03/20/2006	A4365	1	1	0	
Drug: \$0.00	\$0.00	Remark Code	Allowed Amt	Co-Pay	Co-Insur	Deductible	Other Amt	Interest Amt	Amount Paid
		COA2	\$0.00	\$0.00	\$0.00	\$0.00	\$6.88	\$0.00	\$0.00

Member Name: [REDACTED] Member ID: 014959_01									
Subtotal Paid for Member:									(\$100.00)
Submitted Charges	ACM Contracted	Claim #	Start Date	End Date	ItemID	Quantity	Days	Prov Ref #	
Item: \$1,250.00	\$1,200.00	060426015474	03/01/2006	03/31/2006	E1399	1	31	0	
Drug: \$0.00	\$0.00	Remark Code	Allowed Amt	Co-Pay	Co-Insur	Deductible	Other Amt	Interest Amt	Amount Paid
		CR3	\$-1,200.00	\$-1,100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$-100.00
Submitted Charges	ACM Contracted	Claim #	Start Date	End Date	ItemID	Quantity	Days	Prov Ref #	
Item: \$1,250.00	\$1,200.00	061109012272	03/01/2006	03/01/2006	E1399	1	1	00023384	
Drug: \$0.00	\$0.00	Remark Code	Allowed Amt	Co-Pay	Co-Insur	Deductible	Other Amt	Interest Amt	Amount Paid
		PR3	\$1,100.00	\$1,100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Member Name: [REDACTED]									
Subtotal Paid for Member:									\$0.00
Submitted Charges	ACM Contracted	Claim #	Start Date	End Date	ItemID	Quantity	Days	Prov Ref #	
Item: \$150.00	\$150.00	061017013586	10/16/2006	10/16/2006	L3807	2	1	0	
Drug: \$0.00	\$0.00	Remark Code	Allowed Amt	Co-Pay	Co-Insur	Deductible	Other Amt	Interest Amt	Amount Paid
		PR1	\$150.00	\$0.00	\$0.00	\$150.00	\$0.00	\$0.00	\$0.00

Billing Questions call 866-863-4686

531

E

From: "Emily Heppner" <eheppner@acmcentral.com>
To: <ppweiner@comcast.net>
CC: "Dyna Wawrzynkiewicz" <DWawrzynkiewicz@ACMCentral.com>
Subject: Claim #060426015474
Date: Thursday, November 09, 2006 4:00:52 PM

Dr. Weiner,

This email is in reference to claim # 060426015474. This claim paid, but at only \$100. I have spoken to the Claims representative that is assisting me with these and she states that that claim DID pay correctly and that \$1100 of this is patient responsibility.

She is still investigating the claim that you received the DOL letter on for no auth that you were kind enough to fax me the documentation on.

The other claims we discussed were converted into incidents. Those numbers I gave you yesterday.

I will continue to keep you posted on these as I hear more.

Emily Heppner

Service Center Subject Matter Expert
Ancillary Care Management, inc

Phone (402) 778-0101 Ext. 1378
Toll Free: 800-957-9713
Fax: 402-778-9929

WHY
\$1100 or

MT Bill
12/4/04

~~REDACTED~~
Cmt BB
AA
IF SD
HOW?
11/16/04
STARS
CMT
12/4/04
R...
WHY?



UnitedHealth Group



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Contact Us

E-Mail Form

Please be aware that this is not a secure site and information you submit could be observed by a third party while in transit to us. If you wish to keep information private, please do not use this e-mail form. In order to protect your privacy, requests for confidential information will be responded to via regular mail or telephone.

Company Name (if applicable)

WEINERS HHCC

First Name

DR. PHILLIP PAUL

Last Name

WEINER

E-Mail

PPWEINER@AOL.COM

Telephone Number

410-6531434

Street Address

3635 OLD COURT ROAD

City

PIKESVILLE

State

MD

ZIP code

21208

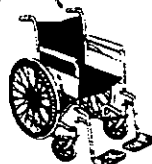
Subject

POSSIBLE FRAUD BY ACM

Message

THERE IS NOT SUFFICIENT SPACE HERE TO TELL THE STORY, BUT I HAVE REASON TO QUESTION A PAYMENT BY UHC TO ACM THAT WAS NOT FORWARDED TO ME. THIS ALSO CONTAINED INCORRECT BILLED AMOUNT. AND, THERE ARE A MULTITUDE OF PROBLEMS WITH ACM.

AG-MS REDD



WEINER'S

HOME HEALTH CARE CENTER

3635 OLD COURT ROAD, PIKESVILLE, MD 21208

Phillip Paul Weiner, Pharm. D
Consultant Pharmacist

Phone: (410) 653-1434
Fax: (410) 486-7300

AG-MS REDD



MS. ADRIAN REDD
OFFICE OF THE AG
FAX 410-576-6571

6448 = PTHAVE

January 18, 2008

RE: POSSIBLE ILLEGAL/IMMORAL/UNETHICAL/OR
OTHER ACTION BETWEEN UNITED HEALTH CARE (UHC)
AND ITS SUBSIDIARIES AND ANCILLARY CARE
MANAGEMENT (ACM)

2/10/08
2/8/08 3:10 @ ANNAHILL
3/3/08 2:30 VMLM
3/18/08 12:30
SHE HAD SOME WAY TO DIR
ABOUT THIS - SHE WOULD BE
ABLE TO PAY FOR HER
4/1/08 11:00 AM
4/1/08 5:00 PM
4/14/08 VMLM 11:35

THANK YOU AGAIN FOR SPEAKING WITH ME THIS
MORNING. I HAVE TRIED TO REDACT THE HIPPA
REQUIRED INFORMATION FROM THE 7 CLAIMS THAT
ARE INCLUDED IN THIS TRANSMISSION.

4/15/08 - VMLM FAN
MIM WATKINS
RE!
4/23/08 LINDA FISHER
2 PM
FILE TO BE REVIEWED
5/8/08
6/13/08 5:53 VMLM
7/7/08 4:45 VMLM
7/8/08 3:37 VMLM
7/16/08 - CAN YOU PAY FOR
7/28/08 3:01 PART
THRU TO ELLEN CONN
DIRECTION

THERE ARE THREE PARTS TO THIS FAX:

FTC

1-877-382-4357

13526978

REF #

INS Comm.

4104682000-4

1 PM DIENGER

MIA = NO INS. COMM ISSUE

FORWARD TO SUM INFO
OVM TO MIA AN W/1
MYT 2 DAYS

MARTIN O'MALLEY
Governor

ANTHONY G. BROWN
Lt. Governor



525 St. Paul Place, Baltimore, Maryland 21202-2272
Phone: 410-468-2244 Fax: 410-468-2260
1-800-492-6116 TTY: 1-800-735-2258
www.mdinsurance.state.md.us

RALPH S. TYLER
Commissioner

BETH SAMMIS
Deputy Commissioner

BRENDA A. WILSON
Associate Commissioner
Life and Health

August 6, 2008

Phillip Paul Weiner Pharm.D.
Weiner's Home Health Care Center
3635 Old Court Road
Pikesville, Maryland 21208



RE: MIA File Number: 81918-L-2008-SEM-C
Company: United Healthcare

Dear Dr. Weiner:

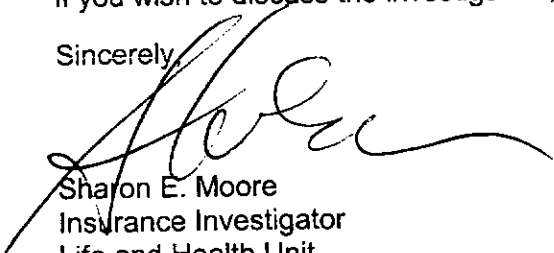
The Administration received your complaint regarding the above referenced insurer. I am assigned to investigate your complaint. The Insurance Administration investigates alleged violations of Maryland insurance laws. Today, the insurer was sent a letter notifying it of your complaint and requesting a response. The carrier may request the patient's names and membership numbers to complete their investigation.

I will contact you by letter regarding the outcome of this investigation. Please be advised that an investigation can take approximately 60 business days. Complex cases may take longer.

If you have additional information regarding your complaint that you have not submitted to the Administration, please provide that information to me immediately. In some cases, a determination is made without the need to further contact you.

If you wish to discuss the investigation, please do not hesitate to contact me.

Sincerely,



Sharon E. Moore
Insurance Investigator
Life and Health Unit
410.468.2283

Enclosure

I

Therefore, based on the above information..... Are you serious???? OK, lets go over this again. This complaint is not about me, not about my business. The complaint is that the scheme between ACM and UHC has cheated the citizens of Maryland, Virginia, Delaware, and probably other states. It should not be legal. It certainly is not ethical or in the public's interest. Does not the Maryland Insurance Administration care about the citizens of the State of Maryland?

I am writing, verbatim, the paragraph from the August 29, 2008 letter to you from UHC. I do so because this probably answers how the scheme was set up.

"Any variance between the amounts paid by UnitedHealthcare to ACM and by ACM to its subcontracted providers, including Weiner is accounted for by the difference in fee schedules between the UnitedHealthcare/ACM contract and the contract between Weiner and ACM. Any UnitedHealthcare member responsibility is accurately reflected on the EOB provided by UnitedHealthcare to ACM. Since UnitedHealthcare adjudicates the claim based on member benefits, the information for member responsibility provided by ACM to its subcontracted provider should reflect the adjudicated amount reported to ACM by UnitedHealthcare."

These three sentences basically state that regardless of what any provider bills, ACM can charge UHC more and their members have to pay their copay according the higher price. It seems to me that the members pay a premium and the companies that utilized UHC may pay a premium above the normal and customary charges that a provider may charge. If I did that I would be cited for gauging.

In the final analysis, I believe the Maryland Insurance Administration must step up to the plate and take action against what I have presented here. It is egregious and must not be allowed to stand. The members of UHC who have paid larger than required copays and/or deductibles must be reimbursed with interest and UHC and/or ACM must be fined for their scheme.

Sincerely,

Phillip Paul Weiner, Pharm.D.

Printed by: Becky Leagjeld on 8/13/2008 16:37:29
 Patient Name :LAURA CUSHMAN

Claim Status

Note: Select Landscape (L) settings to print the full page

Patient Information

Name: [REDACTED]
 Subscriber #: [REDACTED]
 Patient Relationship: Spouse Group Number: 704316

Other Transactions

[Submit Claim](#)
[View Fee Schedule](#)

Claim Status

Claim Number: 1576970418 Status: Paid
 Date Received: 03/26/2007 Payment to Enrollee/Patient: No
 Practice/Facility Name: ANCILLARY CARE Practice/Facility Address: NW 5663 PO BOX 1450 MINNEAPOLIS, MN 55412
 Electronic Payer ID: 87726 Tax ID: 954855887
 Physician/Provider Name: ANCILLARY CARE MANAGEMENT Physician/Provider Number: 954855887
 CAP/FFS: FFS Claim Reprocessed: No

Claim Details

(1 - 1 displayed of 1 total results)

Date of Service	Procedure/Revenue Code	Charge Amount	Paid Amount	Phys/Provider Adjust/Disc	Not Covered	Remark Code	Copay/Deductible	Patient Responsibility	Reserve	Plan Coverage	Denied Date	Check Date
03/20/2007	L3984	225.70	143.42	0.00	0.00	YL	66.35		0.00	90%		04/02/2007
Claim Totals		225.70	143.42	0.00	0.00			82.28				

Remark Codes

YL- THIS CLAIM HAS BEEN PROCESSED IN ACCORDANCE WITH THE NEGOTIATED CONTRACT RATE.

Description of Services

MEDICAL SU- MEDICAL SUPPLIES

[BACK](#)

Contact Information

* Indicates Required Field

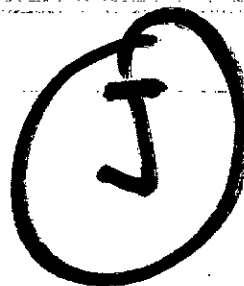
*Contact First Name:

*Contact Last Name:

*Claim Issue:

*Issue Details:

[SUBMIT ADJUSTMENT REQUEST](#)



5 S. Figueroa #2150
 Los Angeles, CA 90017 United Health Care

Winners Home Health Care Corp
 35 Old Court Road
 Annapolis MD 21208

TaxID 520782222

**United Health Care
 Ancillary Care Management
 Explanation of Benefits**

Check Number: 109316
 Amount: \$269.68
 Check Date: 06/14/2006
 Provider #: 1028302

any information in this section has changed or is incorrect, please notify Ancillary Care Management at 866-863-4686

Member Name: [REDACTED] Subtotal Paid for Member: \$105.25

Submitted Charges	ACM Contracted	Claim #	Start Date	End Date	ItemID	Quantity	Days	Prov Ref #	
Item: \$142.00	\$105.25	060601010136	06/01/2006	06/01/2006	A6531	4	1	0	
Drug: \$0.00	\$0.00	Remark Code	Allowed Amt	Co-Pay	Co-Insur	Deductible	Other Amt	Interest Amt	Amount Paid
			\$105.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$105.25

Member Name: [REDACTED] Subtotal Paid for Member: \$151.58

Submitted Charges	ACM Contracted	Claim #	Start Date	End Date	ItemID	Quantity	Days	Prov Ref #	
Item: \$125.00	\$62.08	060421005502	04/18/2006	04/18/2006	A4385	20	1	0	
Drug: \$0.00	\$0.00	Remark Code	Allowed Amt	Co-Pay	Co-Insur	Deductible	Other Amt	Interest Amt	Amount Paid
		166	\$77.00	\$0.00	\$0.00	\$0.00	\$38.50	\$0.00	\$38.50
		166	\$77.00	\$0.00	\$0.00	\$0.00	\$38.50	\$0.00	\$38.50
Item: \$130.00	\$52.96	060421005518	04/18/2006	04/18/2006	A4388	20	1	0	
Drug: \$0.00	\$0.00	Remark Code	Allowed Amt	Co-Pay	Co-Insur	Deductible	Other Amt	Interest Amt	Amount Paid
		166	\$65.80	\$0.00	\$0.00	\$0.00	\$32.90	\$0.00	\$32.90
		166	\$65.80	\$0.00	\$0.00	\$0.00	\$32.90	\$0.00	\$32.90
Item: \$15.00	\$6.98	060421005540	04/18/2006	04/18/2006	A4406	2	1	0	
Drug: \$0.00	\$0.00	Remark Code	Allowed Amt	Co-Pay	Co-Insur	Deductible	Other Amt	Interest Amt	Amount Paid
		166	\$8.78	\$0.00	\$0.00	\$0.00	\$4.39	\$0.00	\$4.39
		166	\$8.78	\$0.00	\$0.00	\$0.00	\$4.39	\$0.00	\$4.39

Member Name: [REDACTED] Subtotal Paid for Member: \$0.00

Submitted Charges	ACM Contracted	Claim #	Start Date	End Date	ItemID	Quantity	Days	Prov Ref #	
Item: \$1,250.00	\$1,200.00	060428000839	03/01/2006	03/31/2006	E1399	1	31	0	
Drug: \$0.00	\$0.00	Remark Code	Allowed Amt	Co-Pay	Co-Insur	Deductible	Other Amt	Interest Amt	Amount Paid
		166	\$1,200.00	\$0.00	\$0.00	\$0.00	\$1,200.00	\$0.00	\$0.00

Member Name: [REDACTED] Subtotal Paid for Member: \$12.85

Submitted Charges	ACM Contracted	Claim #	Start Date	End Date	ItemID	Quantity	Days	Prov Ref #	
Item: \$250.00	\$250.00	060421006142	04/20/2006	04/20/2006	L1880	1	1	0	
Drug: \$0.00	\$0.00	Remark Code	Allowed Amt	Co-Pay	Co-Insur	Deductible	Other Amt	Interest Amt	Amount Paid
		PR3	\$250.00	\$237.15	\$0.00	\$0.00	\$0.00	\$0.00	\$12.85
Total Amount Paid: \$269.68									

Referred by: [REDACTED]
 Legend:
 166 - Patient Responsibility Co-payment Amount
 PR3 - Patient Responsibility Co-payment Amount

Billing Questions call 866-863-4686

108

Corrected EOB
 Incident #
 060622-000521

6/22
 Paula

Optimum Choice, Inc.
HEALTH PLAN

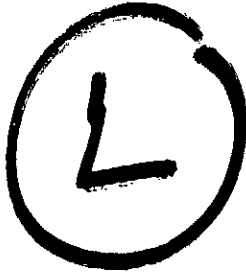
If you have any questions please contact the
Member Services Department at:
(301) 360-8040 or 1-800-331-2102

Explanation of Benefits (EOB)

*** THIS IS NOT A BILL ***

Page 2

Member Number: C0564635*01
Member Name: CAROL B BRAVE

Reference Number	Check Number	Provider Number	Provider Name	Dates of Service		Service Provided	Requested Charges	Allowable Charges	Plan Obligation	Par Dr. Savings	Member Obligation	Deductible	Exp1 Code
				From	To								
	0432731	4141250	Ancillary Care Management	06-06-07	06-06-07	UPPER LIMB FX ORTHOSIS. WRI	\$451.40	\$451.40	\$225.70	\$0.00	\$225.70	\$0.00	11 ACH
							\$451.40	\$451.40	\$225.70	\$0.00	\$225.70	\$0.00	

Totals:

Total obligation is the sum of Member Obligation and Deductible columns.

Your total obligation to Ancillary Care Management, Inc. is \$225.70.

If you have other insurance coverage in addition to this Plan's coverage, and you need an explanation of the Plan's benefit determination for submission to your other insurance coverage, please call the above telephone number.

Please see reverse side for the Explanation codes.

Out of Pocket Summary:

Contract Period	05-01-07 to 04-30-08	
Group		
Individual OOP Amount	1,400.00	
Family OOP Amount	1,400.00	
Amount Applied to OOP this EOB	225.70	
OOP Amount to Date (Ind / Fam)	270.70	270.70
Date OOP Amount Met		



Our Response
from ACM

11213 Davenport Drive, Suite 301
Omaha, NE 68154

United Health Care
Ancillary Care Management
Explanation of Benefits

Check Number: 196825
Amount: \$369.91
Check Date: 01/14/2007
Provider Number: 1028302
TaxID: 520782222

Weiners Home Health Care Corp
3635 Old Court Road
Pinesville MD 21208

M

If any information in this section has changed or is incorrect, please notify Ancillary Care Management at (866)863-4686.

Member:											Subtotal Paid for Member:	\$0.66
	<u>Submitted Charges</u>	<u>ACM Contracted</u>	<u>Claim #</u>	<u>Start Date</u>	<u>End Date</u>	<u>ItemID</u>	<u>Quantity</u>	<u>Days</u>	<u>Prov Ref #</u>			
Item:	\$500.00	\$500.00	061108016624	09/15/2006	10/03/2006	E13998	2	14	0			
Drug:	\$0.00	\$0.00	<u>Remark Code</u>	<u>Allowed Amt</u>	<u>Co-Pay</u>	<u>Co-Insur</u>	<u>Deductible</u>	<u>Other Amt</u>	<u>Interest Amt</u>	<u>Amount Paid</u>		
			PR3	\$500.00	\$500.00	\$0.00	\$0.00	\$0.00	\$0.65	\$0.65		
				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.01	\$0.01		

UNPAID
CMTD
COW
BILL PAT

